

**STATE OF IDAHO - COUNTY MEDICAL - STATEMENT
OF CONTINUATION, AMENDMENT, ETC. - FORM N3**

Mail to: Secretary of State
UCC Division
700 W Jefferson
PO Box 83720
Boise ID 83720-0080

Telephone: 208-334-3191

Fax: 208-334-2847

This block for Filing Office use only.

Instructions:

1. Please type and sign this form in black.
2. File only the original. Make copies for your file. The original will be returned as your acknowledgment.
3. Enter only one debtor's name or assumed name per debtor block exactly as it is to be indexed. If more than four names, use an attached sheet. Enter individual debtor names: Last, First Middle Title; e.g. Smith, John Alan Jr.
4. Be sure to correctly enter the UCC-1 Financing Statement number assigned by the filing officer.
5. One or more transactions may be made by a UCC-3. Check the appropriate boxes.

Name or business name of each debtor against whom the lien is claimed, and the address of each.

1	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
Address		City	State	Zip
2	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
Address		City	State	Zip
3	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
Address		City	State	Zip
4	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
Address		City	State	Zip

Secured Party or Assignee of Record Name and Address

Organization or Indiv. Last Name	First Name	Middle Name
Address		City State Zip

Acknowledgement Name and Address, if not Secured Party

Organization or Indiv. Last Name	First Name	Middle Name
Address		City State Zip

New Assignee Name and Address

Organization or Indiv. Last Name	First Name	Middle Name
Address		City State Zip

Amendment or release information:

This statement refers to UCC-1 financing statement file number:	Filed on: (month/day/year)
<input type="checkbox"/> CONTINUATION. The original financing statement bearing file number shown above is still effective.	
<input type="checkbox"/> TERMINATION. Secured party no longer claims a security interest under the financing statement bearing file number shown above.	
<input type="checkbox"/> ASSIGNMENT. The secured party's right under the financing statement bearing file number shown above has been assigned to the assignee shown below.	
<input type="checkbox"/> AMENDMENT. Financing statement bearing file number shown above is amended as set forth below.	
<input type="checkbox"/> RELEASE. Secured party releases the collateral described below from the financing statement bearing the file number shown above.	

Signature of Secured Party or Assignee of Record: